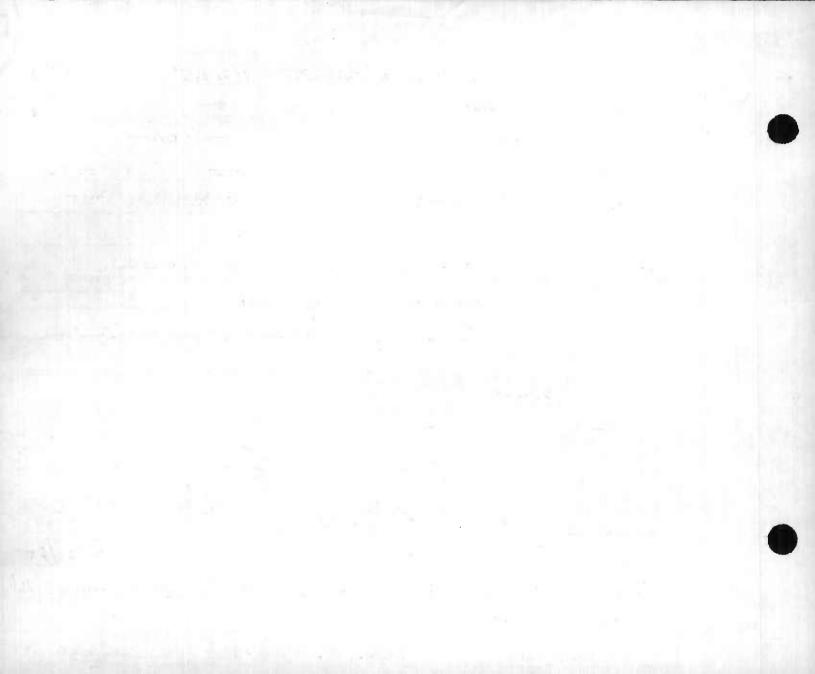
STATE OF MARYLAND

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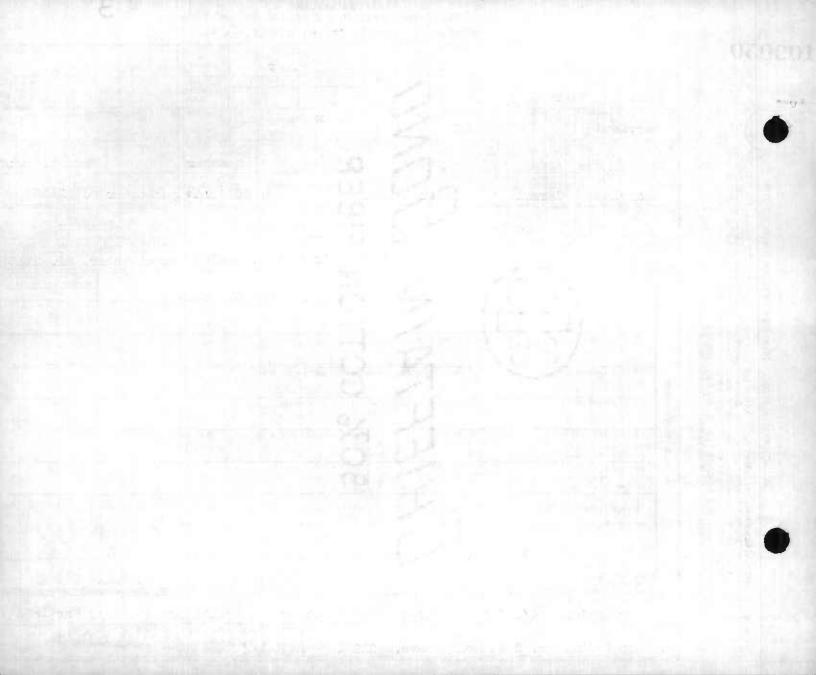


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IMORE	Post	1		(AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES?		SECURITY NO. 01-8732	Gottfr	ried	Beyer	13e			
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ATTENDI	CTOR: A for use of Heal			220 I certify that (I) (this hosp saw the deceased olive or above, (I) (we) (did) (did n	n (1-	25	19 ST , ai	nd that in (my) (aur) o	pinian dea	., to an the d	late and hour	and Iram the		ost
TAL OR	RAL DIRE detocher tote Depi			22b. SIGNATURE	ulu	Nage	ang			MEDICAL STA		22c. DATE	- T-S	3
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO KNOWN X DECEASED NAME MONTH (TYPE OR PRINT) OF ESTI-D. BOSLEY, CARROLL 19 85 3 SEX AGE LIN YEARS IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS. 2d. HOUR DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED Male White 5 19 22 62 DEAD YRS BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA WIDOWED DIVORCED Carroll County CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Teacher Indust. Arts Carroll Co. General Hosp. (DOA) Westminster 136 COUNTY 13c. CITY OR TOWN 505 Old Manchester Rd 13d. INSIDE CITY LIMITS? 21157 Carroll Westminister Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jefferson LAST Shaffer Pauline Bosley Davis 17. INFORMANT 166. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 505 Old Manchester Rd. Virginia B. Bosley Westminister, Md. 21157 214-14-4755 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: USED AS A BURIAL - TRANSIT PEN OF HEALTH AND MENTAL HYGENE RIAL, CREMATION, OR REMOVAL IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19s. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BOR YES [ ARDED TO THE CHANGE 3 SHOULD BE UNITEDEPARTMENT OF NO T 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2 le PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE ( X 22e. I certify that I took charge of the remains described above, held on Inspection and in my opinion Natural couses X Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. (TYPE OR PRINT) 23e BURIAL CREMATION, REMOVAL 23b DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Maryland Baltimore 4/10/85 Greenmount Cemetery Cremation 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR LIST REGISTRAR'S SIGNATURE DHMH - 17 Alan Seitz, Jr. 3818 Roland Ave. 21211 (VR A15 ME (5))

STATE OF MARYLAND

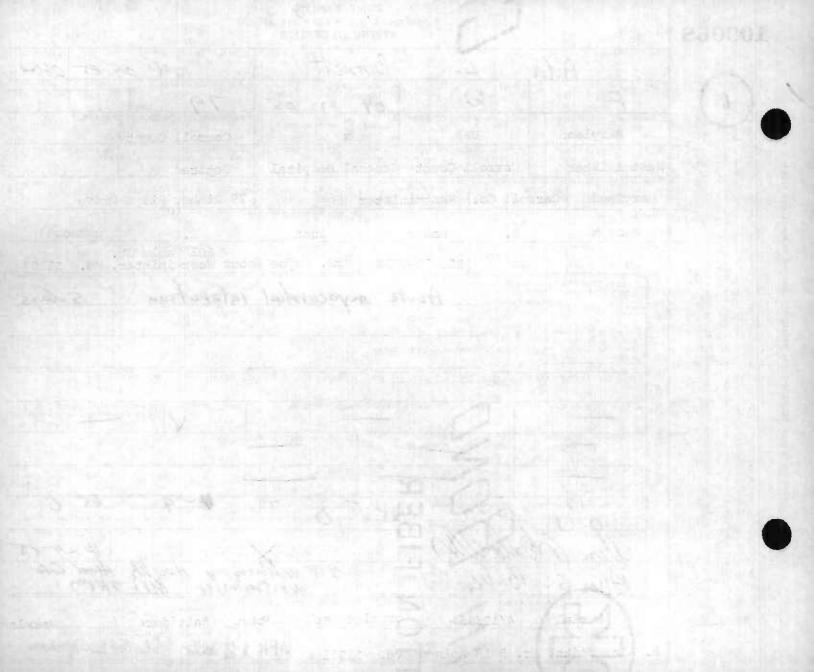


A. Alan Seitz, Jr. 3818 Roland Ave.

(VRA 15, 4)

wia Davidson

STATE OF MARYLAND



109090	FOR	DEPART	MENT OF HEALTH AND MENTAL HYG	IENE	4
17%	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG, NO.	
(F)	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 25 HOUR
4 6	(TYPE OR PRINT)  Margar	et A.	Caldwell	4-11	5 85 0500 N
you d'a		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 MRS
of to	/Female w	h ·	MONTH DAY YEAR		ONTHS DAYS HOURS MIN.
Sog dire		hite CITIZEN OF WHAT COUNTRY	5 19 1920	9 BALTIMORE CITY OR COUNTY	OF DEATH
4 联场的	COUNTRY)		MARRIED   NEVER MARRIED		
8 12 1	Maryland I	USA 1. NAME OF HOSPITAL NURSI	WIDOWED TO DIVORCED ON THE MINISTITUTION	Carroll Co.	12b KIND OF BUSINESS OR
1 4 4 A		(IF NOT IN SUCH FACILITY, GIVE STREE	( ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE	
S ## (4)	Westminster	Carroll Coun		N Hwf	
d h	136 STATE 136 COUNT	Y 13¢. CITY OR TOV	VN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE	
N THE THE PERSON NAMED IN COLUMN TO PERSON N	Md.   Carr	<u>oll [Manche</u>	ster YES NOX	3415 Lineboro	Ral. 21102
d 2 2		DDIE LAST	FIRST	WIDDLE	IASI
E P G S	Carroll	Keen	Mar garet	ADDRESS	Sorrell
dica ges	160 WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UNKNOWN) (IF YES, GIVE N	WAR OR DATES)	A STATE OF STREET		
Pe e e	no	220-07	<u>-3560 Mrs. Bett</u>	y Shaffer, Man	chester, Md.
SAL System oper- val. rt, th	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
on pre-	IMMEDIATE		IM ARRES		INSTANI
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deal deal	Conditions, if any, which	( 16) Acul	to Myocar	dial lufarti	7
the removement	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEOL	DENCE OF	0	
that that base ol, cr	underlying cause lost.	(c)			
ING PHYSICIAN: The low requires that the death certificate be executed within 24 hour oftending physician.  The low requires that the death certificate be executed within 24 hour oftending physician and completely filled as the burial-transit permit. Then please remove carbon papers. Pages Pand 2 should be the and Memtal Hygiene prior to burial, cremation, or removal.  The page shows any injury, an other traumatic event, the medical examiner man		ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
The rinju	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	voma,	diaseles	remus	
Property of the state of the st	S 190 DATE OF OPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED (ING CAUSES OF DEATH?
The land	HILL			YES NO YES	NO []
DF VITA	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
PHYSICIA PHYSICIA this certifi this certifi the burial-that ad Mental	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19		
HYS ndin din din din din din din din din di	(IF EITHER NOTIFY MEDICAL EXAMINER)	21e PLACE OF INJURY LAT HOME STREET FACTORY, OFFICE.	211 LOCATION	CITY OR TOWN	COUNTY STATE
IVISI	WHILE NOT WHILE AT WORK	(ALTIONE STREET PACTOR), OFFICE,			
A Or	22a.1 certify that (1) (this hospito		3-31-19.85	_, to 4-15-1	19, that (I) (we) lost
TIEN Potol for to of H	saw the deceased alive on obove, (1) (we) (did) (did not)	view the body after death	ond that in (my) (our) opinion	death occurred on the date and hour	and from the causes stated
hos hos hed hed hem	21 SUHE URE		DEGREE		22c. DATE SIGNED
the Orlean Ti. H. I.	Halmharle	aly Malan	MY KT ATTENDING PHYSICIAN [	MEDICAL STAFF DEIRECTOR PHYSICIAN	4-15-fr
HOSPITAL ined by th FUNERAL bid be dett hithe State	ICIAN'S NAME IT PEORI	PRINT	22e ADDRESS	1 5 2 2	21.50
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5 5 5 4 4 A		23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP	Burial	4-18-85	Danle Com	CITY OR TOWN	Md.
	24 FUNERAL DIRECTOR		oudon Park Cem.		PAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	Eline Funeral	Home, Hampste	ead. Md. Al	PR 1 7 1985	Caudson-Andre

THE ELECTRIC OF THE PARTY. 

-	1.	FOR STATE REGISTRAR			DEPARTM	NENT OF H	OF MARYLAND 5 EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	J 8	Ö	
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200		MALE		WHI	re	11	- 6 -1910	74	YRS		, All I
1 0 E	7a. B	RTHPLACE (STATE O	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8 MARRIET	NEVER MARRIED	9 BALTIMORE CITY O	COUNTY	OF DEATH	
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led with	1	stminste			H FACILITY, GIVE STREET	ADDRESS)	neral Hosp	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF  Physici	WORKING LIFE	176 KIND OF INDUSTRYPY	BUSINESS OR BOLL BAITH
ad blood be		AL RESIDENCE (IF NU STATE MD	136 COUNT	Y	GIVE RESIDENCE BEFORE  13c. CITY OR TOWN  Sykesvi			13e STREET ADDRESS / 5228 Bart	ZIP CODE holow	Road	21784
and 2 st	14 F/	THER'S NAME FIRST Regina		DDLE	Cleary		IS. MOTHER'S MAIDEN NA FIRST <b>Anna</b>	WE		(unk	()
Poges		VAS DECEASED EVE YES, NO OR UNKNOWN) NO		ED FORCES? WAR OR DATES)	166 SOCIAL SECUI	RITY NO.	Mrs. Cora	Cleary Sy	8 Bar kesvi	tholow ile.MI	Rd 2178
oy the amending prysic ease removed corban paper al, cremation, ar removal- is ather traumatic event, th		Canditions, if an gave rise to in couse (a), underlying cous	WAS CAUSED  IMMEDIATE  y, which  mediate  ing the	DUE TO OF	Card	NCE OF	aufline Hent k	Jisane		BETWEEN ON	ATE INTERVAL SET AND DEATH
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ial-trans intol Hyg tem 18 sl	_	210, ACCIDENT WAS UP OR CONTRIBUTING [	CAUSE OF DEATH	HOUR A./	M. MONTH DA	Y YEAR	216 HOW INJURY OCCURI	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T I OR PART 2)	
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for use a of Health 21 is mo		270 I certify that ( sow the decea abave, (1) (we)	sed alive on_	han	1- 19 6	, on	d that in (my) (aur) apinion	death occurred on the do			at (I) (we) last uses stated
Dikey Dept. f hem		226. SIGNATIVE	1. 1	1) (	1/105		EGREE ATTENDING	MEDICAL STAF	F	27L DATES	

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Cave Hill

DHMH - 16 60M 7/84

736. BURIAL, CREMATION, REMOVAL 736. ISPECIFY)

Burial 4

74. FUNERAL DIRECTOR

Harry W. Haight Sykesville, MD (VRA 15, 4)

236. DATE

4-18-85

23d LOCATION
CITY OF TOWN
LOUISVILLE Cemetery Louisville Kent

256 DATE REC'D. BY REGISTRAR'S SIGNATURE APR 16 1989

COUNTY

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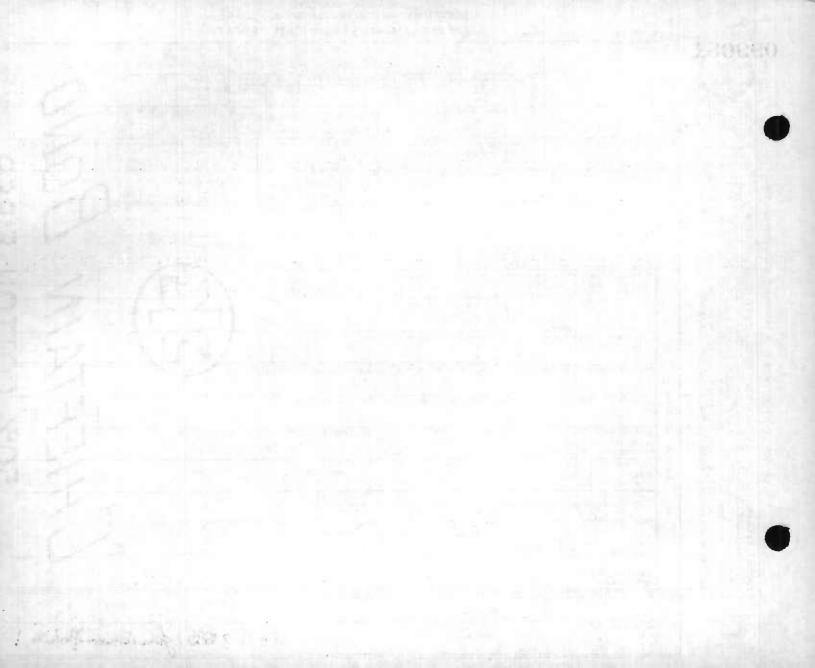
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(VR A 15 (4))		728 Liberty Roa	ADDKE22	LADD	23 1985	ia Davidson Pandett

## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH 2b HOUR (TYPE OR PRINT) Ann R. David april 2 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED 12b. KIND OF BUSINESS OR MCATTON LIE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS INEST MINSTER 14 FATHER'S NAME 60 WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O). DUE TO, OR AS A CONSEQUENCE OF Canditions, il ony, which gave rise to immediate couse (o), stating the underlying couse amystrophic PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) DIVISION OF VITAL RECORDS, prior 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? entof Hygrene be NOT NO [ YES [ 71g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL HE EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21E LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from april 27 saw the deceased alive an \_ and that in (my) (our) opinian death accurred an the date and hour and fram the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be deto with the State [ PHYSICIAN PHYSICIAN 22d. PHISH IAN'S NAME (TYPE OF PRINT) 22e ADDRESS S. HARSHEY 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 ADDRESS (VR A 15 (4))

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5))	Bu 24. FUNE	rial RAL DIRECTO	L L	+-3-85 ADDRESS	Ga	rriso	n For	est		Owin C'D. BY REGIS	N		Balto M	d.



STATE OF MARYLAND 105113 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) POUTTICE IF UNDER I YEAR 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR Female Cauc. 53 3 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED W. Germany Germany WIDOWED DIVORCED | Carroll 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION IN CITY OR TOWN OF DEATH 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Machinist 828 Western Chapel Road Black/Decker Westminster 113h COUNTY 13a. STATE 13e STREET ADDRESS 13 CITY OR TOWN Westminster YES -828 Western Chapel Carroll Md. NO X IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Friedrich Gertrude Weiler Nutz ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 546-56-8144 Clarence Dorm 13 e no none APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: holangiorarcinoma 5 mond IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lin 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON YES T 218. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 NOT WHILE SOUT 22a.1 certify that (1) (this hospital) attended the deceased fram, , and that in my (our) apinian death accurred an the date and have and from the causes stated obove (Diwe) (did) (did nat) Diew the bady after death 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS d b 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) 4/4/85 Lake View Memorial Sykesville Carroll Burial 24 FUNERAL DIRECTOR 412 Washington Road DHMH - 16 50M 4/B2 Robert K. Pritts, Sr., Westminster, (VRA 15, 4)

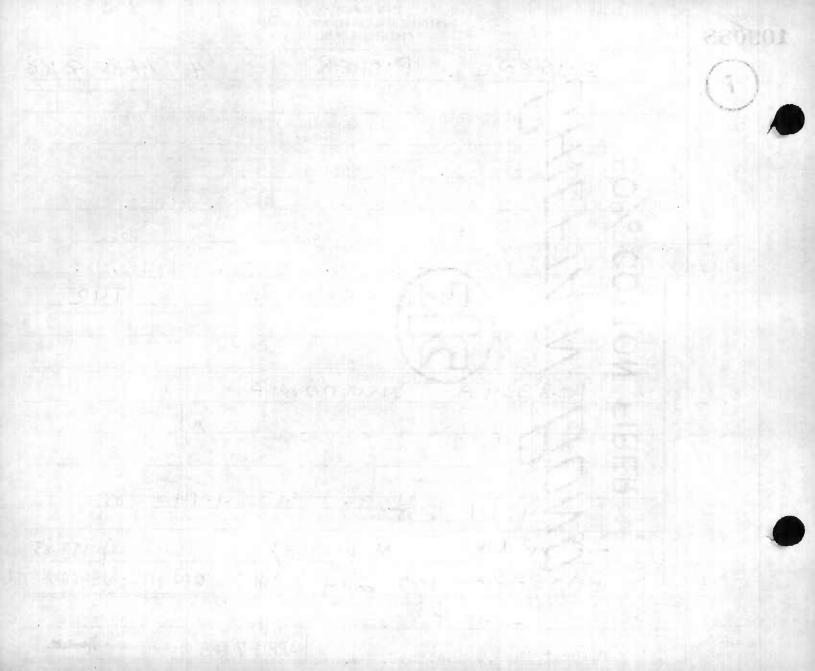
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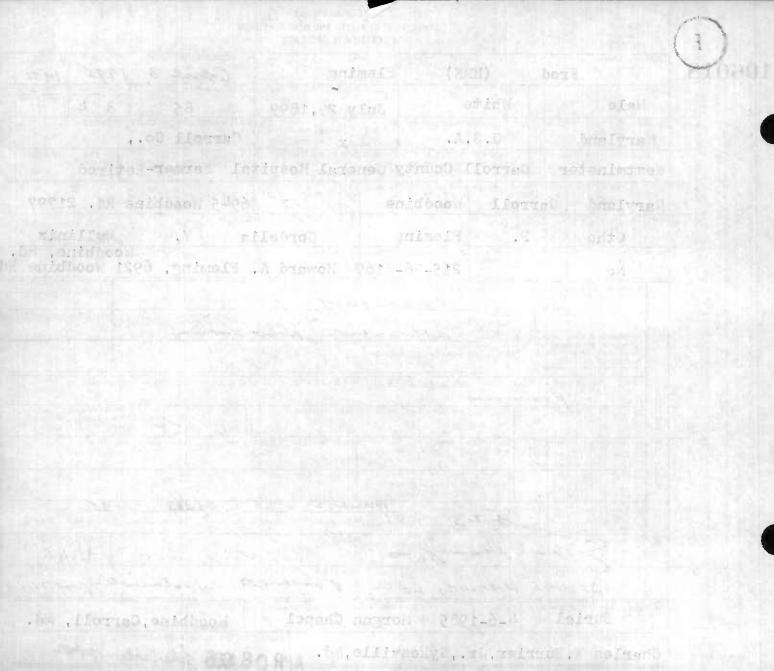
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NG PHYSICIAN: The law requires that oftending physician.  (Ifer this certificate has been signed by the or the buriol-trossis permit. Then please than dental Hygiene prior to buriol, can and Amen I Hygiene prior to buriol, can orked or them I 8 shows any injury, an other prior to buriol.	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFO	PRMED 200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?
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TENDIN ortal or TOR: Aff		22a I certify that this haspi	tal) attended the deceased for 3/25.		19 10 10 10 10 10 10 10 10 10 10 10 10 10	19, that (we) los he date and hour and from the causes stated
AL OR AL The hosp at DIREC Jetoched f ore Dept. or		John Wh	uddlila v	ns	PHYSICIAN DIRECTOR PH	STAFF IYSICIAN
O HOSPI		John W. M	addle fon	172 S	. Main Street	Westminskind
BP	<	URIAL, CREMATION, REMOVAL	23b. DATE 4-6-85	Good Sheph	CREMATORY 23d LOCATION  CRC SILCO	HT City Howard 751 d
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STATE OF MARYLAND 128037 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME Shephard 3. SEX (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore U.S.A. Carroll WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION Westminster County General Hospi Carroll 1234 Carrollyn Drive 21157 13c CITY OR LOWN Maryland Westminster FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE George Halsey Marv 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 1234 Carrollyn Drive 220-0117-99 M. HalseyWestminster. Md. WW II Navv ves 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a EVKEHA. Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 20b. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 21a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 220 I certify that (I) (this haspital) attended deceased fram saw the decgased alive an and that in (my) (pur) apinian death occurred on the date and hour and fram the causes stated DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL

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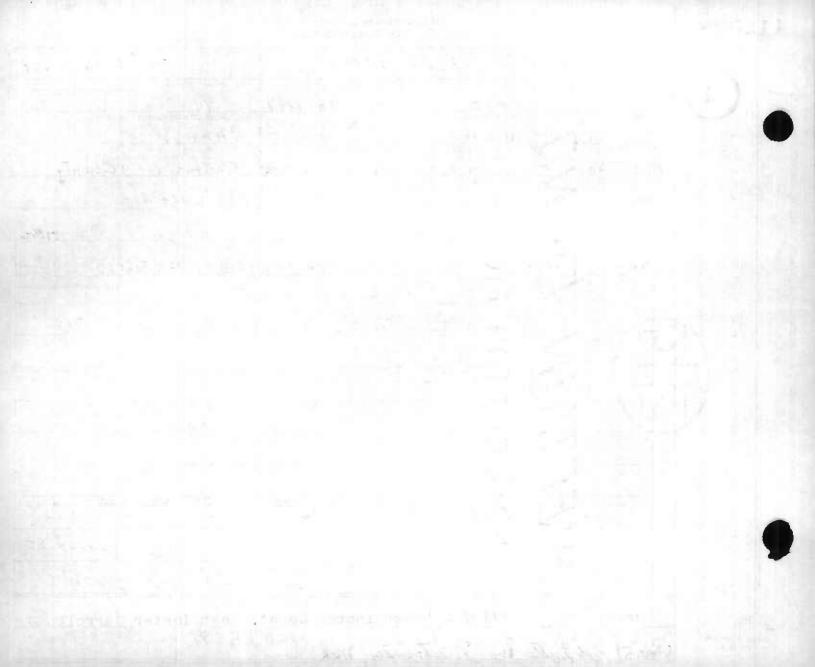
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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ANNIE M. KILMER 1135 UNN. BLYD APPROXIMATE INTERV PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my cour opinion death accurred on the date and hour and from the causes stated 22r. DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN CREMATION, REMOVAL 250 DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE TRACE

STATE OF MARYLAND

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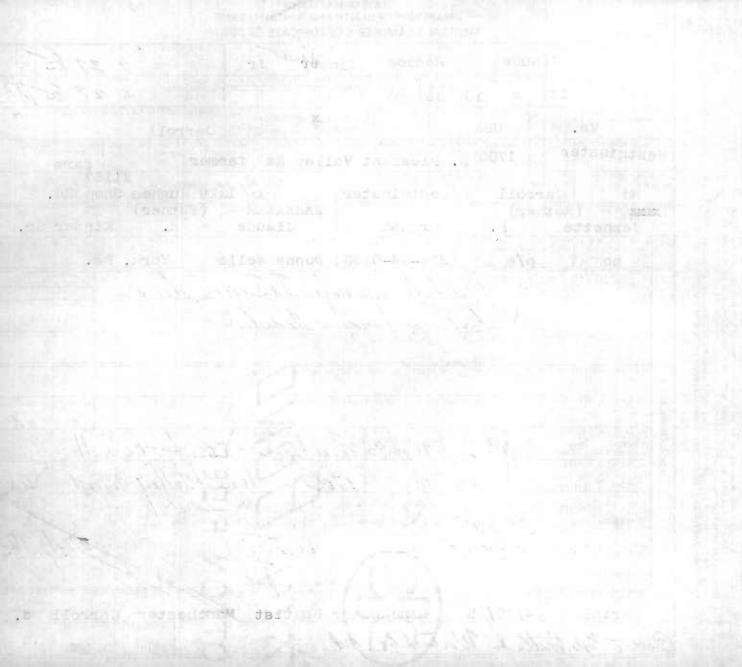
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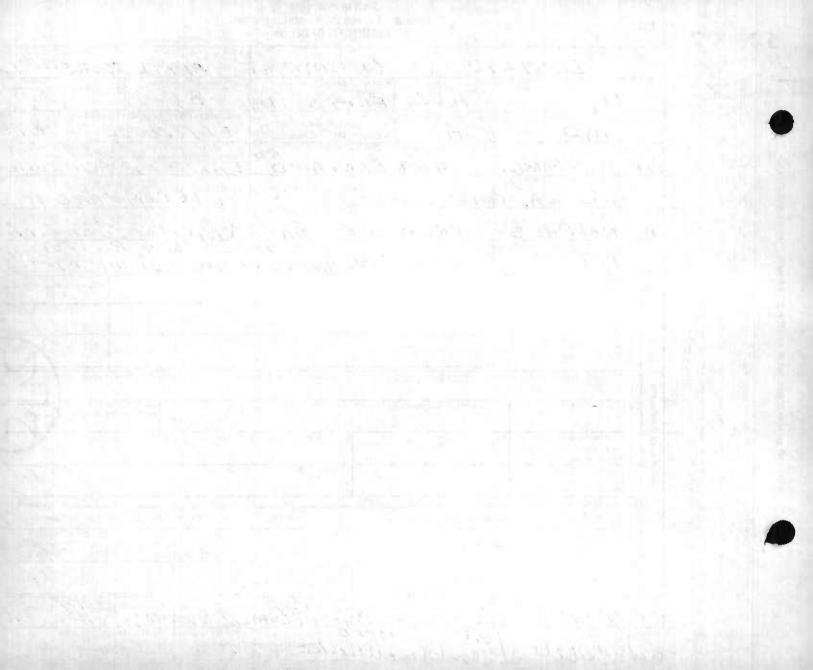
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SECURIOR SE 120 - 12 1411 A STATE OF THE STA

STATE OF MARYLAND 127158 REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Claude Roscoe DEATH MATED LSEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED male white 4 15 35 DEAD 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED TO NEVER MARRIED FOREIGN COUNTRY) Va. USA Carrol1 WIDOWED [ DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Westminster 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION S. Pleasant Valley Rd OR INDUSTRY FOR MOST OF WORKING LIFE! farmer farm USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21157 1829 Hughes Shop Rd. 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Carroll Westminster Md 15 TOTHER SWANDER NAME (Father) Mother Claude Kinser Sr. Graham Jeanette ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-34-0368 Donna Wells York. Pa. n/a no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse pê PART I DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) % DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21a EXTERNAL CAUSE WAS CONTRIBUTING CAUSE OF DEAT AT WORK ALWORK-Inspection 27s. I certify that I took charge Autopsy Indetermined monner EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL THE DAT 23c. NAME OF CEMETERY OR CREMATORY Manchester Baptist burial Manchester Carroll Md. 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5) 20M 4/B2



		1,	FOR STATE	DEPART	STATE OF MARY AND S	SIENE 1 4 0	4
1	L26007	1	REGISTRAR		CERTIFICATE OF DEATH	REG, NO.	
	# _m €		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
24	d deo		LESI	FERZ J.	KRUMRIN	+ APRIL.	20,1989 12 PM
	s offer po	3. SE	m	CAVC.	S. DATE OF BIRTH  MONTH  DAY  YEAR  1904	6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	MONTHS DAYS HOURS MIN
	Po Po		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	Jeoth.		MD	USA	WIDOWED DIVORCED	CARRO	LL COUNTY
	by the fu	10.C	Y- WESTMINS	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)  BANKARD	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	17b. KIND OF BUSINESS OR INDUSTRY  ACOREICULTUP
2120	De e	USU 130		OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13e STREET ADDRESS	21157
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MARYLAND	within pletely in 2 sho	14. F/	THER'S NAME	WIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	LAST
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BALTIMORE,	n ond c	100.		WAR OR DATES) 213-24	-9232 HARNIDE	LES TOWN,	11/4 MYST
ALTIV	e by	H	18 CAUSE OF DEATH (Enter on	ly ane cause per line for (a), (b), ar	The Time Card A	RUMRINE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	physical phy		PART I. DEATH WAS CAUSE	D BY:	Pracress		- MONTHS
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301	- P - C - C			(c)	DEATH BUT NOT RELATED TO THE TERM	INIAI DISEASE OD CONDIVIONI O	
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DIVISION OF VITAL	Phy		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
N N	G PHYSIC ottending ter this cer s the burio tond Ment	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION		
N V	Store of store	2	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OF TOWN	COUNTY STATE
	SNDIN: of or of or or o			tal) attended the deceased from	2 - 3 , 19 8)	, to <u>4-20</u>	. 19 <u>85</u> , that (I) (we) lost
	ATTE ospit ECTC cd for it. of m 21		saw the deceased alive an abave, (I) (we) (did) (did no 27b SIGNATURE		, and that in (my) (acr) opinion	death occurred on the date and ha	
	TAL OR , y the ho Y the ho detoched for Dept tote Dept TIT: If then			20205	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	4-22-75
-	HOSPI ined b FUNE wild be th the S		22d. PHYSICIAN'S NAME (TYPE OF	Jestet Do	3 to Lum	ber St. Litt	tostown PA
	or or show with	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE / 23c. 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY URX STATE
		1	VOCIAL	14/23/853	T-BARTHOLOM	EW NY - HANG	DUER TA
	DHMH-16 60M 1/73 (VR A 15 (4))	24. FI	INERAL DIREGOR	PA	13 04 0 250. DAT	E REC'D. BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
	(TRA 13 (4))	Kil	hand Nil Ill	34 7110000 h	alles and R	4 1900 Game 100	Metals-Northean



STATE OF MARYLAND FOR - STATE **CERTIFICATE OF DEATH** 100071 REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI-Stacie Lynn DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED Female White 1963 22 DEAD 9-Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland Carroll Co.. DIVORCED [ WIDOWED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Nicholson None Notice OR INDUSTRY Westminster Road USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Carroll CITY OR TOWN 13d. INSIDE CITY LIMITS? 3596 Nicholson Rd. OF VICAL REC Maryland Westminster YES. NOX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Mallick Rabbitt Terrence Sarah Α. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES! Mallick. Same As Terrence L. None 18 CAUSE OF DEATH (Enter only one cause per APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last ONTHE TERMINAL OF USED AS A EOF HEALTH CERTIFICATION 19h. CONDITION FOR WHICH OPERATION WAS PERF AER. THIS CEN.
(CATE, WRITING TH.
E. FORWARDED TO THE C.
T. P. PAGE 3 SHOULD BE USEN.
T. P. PAGE 3 SHOULD BE USEN.
TO PAGE 10 PARTMENT OF H.
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TO PAGE 10 PAGE YES NO T 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. YEAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PARTER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2 17s I certify that Lectik charge at the remains described above help Autapsy Inspection and in my apinian death resulted from Hamicide Undetermined manner MEDICAL EXAMINER 230 BURIAL, CREMATION, REMOVAL 23b. DATE Cremation 4-1-1985 Process, Ind. Baltimore, Baltimore, Md. BP. 24 FUNERAL DIRECTOR BY REGISTRAR 1256, REGISTRAR'S SIGNATURE **DHMH-17** Charles W. Burrier, Jr., Sykesville, Md. A (VR A15 ME (5)) 15M2/80

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+	STREET STREET	3. SEX	4 RACE	5. DATE OF BIRTH	YEAR LAST R	IN YEARS IF L	NDER 1 YR.	IF UNDER		RONOUNCED DEAD	MONTH	DAY YEAR	11/80
- F	0000	Male 70 BIRTHPLACE	Caucasion	April 8		2 YRS.				9. BALTIMORE CIT	Y OR COUNT	V OF DEATH	OSM
	###35	FOREIGN COUNT	TRY)	U.S.A			WED A	VER MARRIE DIVORCE	ED 🔲		rroll	OFDEATH	MD.
BAY 55	PAGE 5		sburg		Drive	ESS)	HER INSTITU	TION	12a USU. FORM Med	AL OCCUPATION ( OST OF WORKING LIFE) Chanic	TYPE OF WORK	OR INDUSTR Constru	RY Y
21201 ANY D	AND 31 RETAIN HCIUID E	USUAL RESIDEN 130. STATE Maryla	n d Cari	TY	13c. CITY OR TOV Finksbu	/N	13d. INSIDE CI	NO Z	13 STRE	et address Mayer Dri	ve	21048	
RE, MD.	A PM 3. AND 2 SI F VITAL	14. FATHER'S N. Georg		MIDDLE	Newton		IS MOTHE	ER'S MAIDEI	NAME	MIDDLE		Bowen	
4 ST., BALTIMORE, MD	ITEM 18. GIVE PAGES 1, 2, AND TIGHTER CONG WITH FORM PM. 3. RETAIN PAGE PERMIT. PAGES 1 AND 2 SHCUILD BE HED GIENE, DIVISION OF WAL RECORDS ON VAL.	160. WAS DECE. (YES, NO, OR UN Yes	ASED EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	215-12-		17 INFORM		ewtor	4E Magne n Finksp		e d. 21048	3
201 W. PREST	NG" IN PENCIL IN CAL EXAMINER AI N BURIAL - TRANSIT H AND MENTAL HY WATION, OR REMO	gove coust lying PARI 2 OTH	IMMEDIAT  Introduction in a construction of the state of	DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CONSEQUEN	ICE OF	ISE OR COMOITION	N GIYEN IN PAR	IT 1 (a ·				
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SION OF V	IG THE WO TO THE CONTONED BE PARTMENT RIOR TO BU	UNDERLY CONTRIB	RNAL CAUSE WAS  ING OR  UTING CAUSE OF E	DEATH P.M.		YEAR	OCATION	OCCURREI	D LENTER N	NATURE OF INJURY IN ITEM	A 18 PART I OR PA		
DIVIS	WARDED PAGE 3 STATE DEL	WHILE AT WOR	NOT WHILE		ORY, FARM, ETC.)	10.	STREET			CITY OR TOWN	COL	YTAL	STATE
MEDICAL EXAMINER:	EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF.  TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	ACTUAL SECNATO EXAMINE (TYPE OR		of the remains devi	Javes	Suicide	PSY , Hamic	Inspection cide		Inquiry Inquir	and in my op  DATE SIGNE	3 feet	25 P.
	3P	(SPECIFY) B	urial	April 25,	1985 Lak				Syk	esville	Carro		ATE
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FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR							REG. N	O.			
1. DECEASED NAME	FIRST	DEM	MIDDLE	l	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOU	JR A
	Marga	cet	V.	I	Reed			04-27	3-85	10:4	15 M
KSEX		4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIR		MONTHS DAYS	# UNDER	MIN.
Fem	ale	Whit	e	1700M		YEAR 06	78	YRS.	MONINS DATA	HOOKS	PACIFIC.
To. BIRTHPLACE (ST.	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER M	ARRIED T	9 BALTIMORE CITY		OF DEATH		
Maryland		U.S	.A.	WIDOWE		ORCED	Carroll Co	ounty			MD
10. CITY OR TOWN C	FDEATH		HOSPITAL, NURSIN		OR OTHER INST	ITUTION	17a. USUAL OCCUPAT		12b. KIND (		ESS OR
Sykesvi	lle		field Ho:		Center	c	L.P.N.	J ** OKKI140 (II	Healt		re
USUAL RESIDENCE (	IF NURSING HOME O	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		113d INSIDE CI	TV HAAITS?	13e STREET ADDRESS	/ 7IP CODE	21	1044	
Maryland		vard	Columb		YES TO	NO 🗌	6334 Ceda				Md.
14 FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S						
Alfre	d	MIDDLE	Todd		-250	Agnes	WIDDLE		LA	21	
160 WAS DECEASED	EVER IN U.S. AF		166 SOCIAL SECU	JRITY NO.	17. INFORMA		ADDR	ESS			
No OR UNKNOV	(IF 185, GI	VE WAR OR DATES)	220-22-9	321	Recor	rds. Sr	ringfield	Hoenit	tal Can	ton	
18 CAUSE OF	DEATH (Enter o	nly one couse pe	r line for (a), (b), on					Wahi	APPRO: BETWEEN	XIMATE INTE	RVAL
PART I. DEA	TH WAS CAUSE	D BY: TE CAUSE (0)	Congest	ive he	art fa	lure			mo	nths	
	ii. Wile Diri		R AS A CONSEQU								
Conditions, if	ony, which	(6)	Arterios	clero	tic care	liovaso	ular disea	se	ve	ars	
gove rise to		DUETO	R AS A CONSEQU								
underlying	couse lost.	(c)	Carcinoma	a of	the cold	n			ve	ar	
	SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	10	
190 DATE OF C				25504	10 E 12 C				A-30		1
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FILE				175			YES NO		S 🔲	NO [	
	AS UNDERLYING [	21b. TIME C	OF INJURY .M. MONTH D.	AY YEAR	21c. HOW IN.	JURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 F	PART I OR PART 2)		
	A WEDIC AT EXAMINE	- 111	м.	19		1-234		1254			
21d INJURY O			OF INJURY REET, FACTORY, OFFICE I	FARM. FTC )	211 LOCATIO	N	CITY OR TO	WN	COUNTY	5	STATE
ANTORET	AT WORK			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		n-dale	ALLEGA SELECT				
		. 4 0	deceased from	11-	-25	, 19_80	. to 04-23		~ /	that (II (	_
saw the d above, (1)	eceased alive or we) (did) (did no	4-2		35, or	nd that in (my)	(aur) opinion	death occurred on the d	ate and hou	and I am the	couses sto	oted
22b. SIGNATUR		3		13.0	DEGREE	TTELIONIO	uppical STA		22¢ DATE	SIGNED	
		Blow , Mr	0 -		F		MEDICAL STA	TIAN X		3-85	470
	Y'S NAME (TYPE				22e ADDRESS	Sprin	gfield Hosp	pital	Center		
Si	tha Ozgu	m, M.D.			Sykes	ville,	Maryland	2178	4		
230 BURIAL, CREMA					EMETERY OR C		23d LOCATION		COUNTY		STATE
(SPECIFY) Cremati		4/24			w Crema	tory	Westvie	w Bal	Lto. M	d. `	MAIE
24 FUNERAL DIRECT	OR 1630 Ed	mondson A	ve. Catonsv	ille. M	id. 21228	250 DAT	E REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNA	TURE	

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

Leroy M. & Russell C. Witzke Funeral Home

APR 24 1985

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Fline Funeral Home Hampstead, Md. 21074

(VRA 15, 4)

STATE OF MARYLAND

STATE OF MARYLAND FOR - STATE MEDICAL EXAMINER'S CERTI REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-Donald DEATH MATED SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS DATE LAST BIRTHDAY PRONOUNCED 18,1933 white Apr. male DEAD Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR MARRIED TENEVER MARRIED FOREIGN COUNTRY) Md. USA Carroll IB CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Airline Freight OR INDUSTRY Carroll arroll Co. Gen. Westminster Hospt. Co. 5222 Byerly Rd.21155 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Upperco 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Lewis Rudick Dorothy A . Bowman 17. INFORMANT 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO. OR UNKNOWN) 212-30-6909 Frances M. Rudick Upperco.Md. yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL. DUE TO, OR AS A CONSEQUENCE OF TRANSIT Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF BURIAL lying couse lost. DED TO THE CHIEF MEDICAL EXA 3 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND ME 1 PRIOR TO BÜRIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO [ 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WOLLE STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN COUNTY STATE Inspection 2 22s. I certify that Look charge of the remains described above. eld on Autopsy ond in my opinion Hamicide Undetermined monner PAGE 4 SHOU TO FUNETAL AFTER DEATH BALTIMORE M EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY Burial Cockeysville Balto Apr. 13, 1985 Dulaney Valley BP 24. FUNERAL DIRECTOR Funeral HomeoreReisterstown.Md. **DHMH - 17** (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2s. DATE KNOWN KE OF ESTI-FTYPE CHEPRING 101016 Orintha Fav 4. RACE A AGE IN YEARS IF UNDER DATE OF BIRTH IF UNDER 24 HRS SEX DATE DAST BIRTHDATE PRONOUNCED 91 White Nov.03,1894 DEAD Female VP5 74. CITIZEN OF WHAT COUNTRY? THE BIRTHPLACE INTATE OF I BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | FOREIGN-COUNTRY United States DWORCED [ Carroll Penna. WIDOWED XX 2, AND 3 TO THE FU 3, RETAIN PAGE 5 2 SHOULD BE FILED, 1 IB CITY OF TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17s USUAL OCCUPATION (TITE OF WORS 117s KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 4035 Baptist Road Homemaker Taneytown 21757 13b. COUNTY 13. CITY OR TOWN 134. INSIDE CITY LIMITS? 13x STREET ADDRESS Carroll 1950 Keysville-Bruceville Rd Keymar Maryland IS. MOTHER'S MAIDEN NAME 14 FATHER'S NAME AMDONE. LAST AUDDUR Evelene Akers Kennard James ADDRESS. 166 SOCIAL SECURITY NO 18st. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION DATE HOLDS CHRONOWNI I F YES, GIVE WAR OR DATEST Mrs. Virginia F. Shanholtz same as 13 215 26 2111 No III. CAUSE OF DEATH (Enter only one come of PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE MINER AL Vascular Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL OF HEALTH AND MEI JRIAL, CREMATION, C lying couse last. BURIAL-PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 15s. DATE OF OPERATION 186 CONDITION FOR WHICH OPERATION WAS PERFORMED? 78 AUTOPSY? DEPARTMENT OF HE IN PRIOR TO BURIAL. YES [] NO F 21a EXTERNAL CAUSE WAS TIE TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER MATURE OF BUILDING IN TEM 18 PART 1 OR PART 2) WARDED TO THE PAGE 3 SHOULD B HOUR A.M. MONTH DAY YEAR UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY LATHOME 214: INJURY OCCURRED STREET, FACTORY, FARM, STC.) STREET BLAZE CITY OR TOWN CIDIUNTI AT WORK AT WORK EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR: P
AFTER DEATH, WITH THE ST
BAUTIMORE, MARYLAND, 2 27s. Feertify that I took charge Autopsy he remains described above, he Inspection / and in my opinion Undetermined manner ACTUAL DATE THE NAME OF 17267 Buria 04/04/85 Warfordsburg, Fulton, Pa, Valley Methodist FUNERAL DIRECTO 56 REGISTRAR'S SIGNATISMYS AL **DHMH - 17** (VR A15 ME (5)) 20M 4/82

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MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO MONTH

2a. DATE OF DEATH 2b. HOUR

IF UNDER TYEAR IF UNDER 24 HRS

9 BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR

Hillen Road -

NO [

STATE

STATE

20b. IF YES, WERE FINDINGS USED

YES T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

and that in (my) (gor) opinion death occurred on the date and hour and from the causes stated DATE SIGNED

BEGISTRAR'S SIGNATURE DANGE John C. Miller Inc-6415 Belair Rd. -21206

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR

FOR

- STATE

REGISTRAR

(VRA 15, 4)

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ATTENDING

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MPORTANT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR	ı	EPARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG BICATE OF DEATH	IENE REG. NO	1 4	) ]
DECEASED NAME ROBERS	Hester	U	ryer	20. DATE OF DEATH	MONTH DAY YEAR 4 12 85	26 HOUR 2336 M
Female	4. RACE White	5. DATE C		6. AGE (IN YEARS LAST BIRT	MONTHS - UAYS	HOURS MIN.
Maryland  O CITY OR TOWN OF DEATH	U.S.A.  11. NAME OF HOSPITAL  (IF NOT IN SUCH FACILITY,	MARRIE WIDOWE		9. BALTIMORE CITY OF TOOLS COUNTY OF WORK FOR MOST OF	<b>y</b> On 126, KIND (	MD. OF BUSINESS OR
Westminster USUAL RESIDENCE (IF NURSING HOME OF 13th STATE  Maryland  Carro	OR OTHER INSTITUTION GIVE RESIDE 13c. CITY		ral Hospital  13d. INSIDE CITY LIMITS?  YES □ NO □  X	Housewife  13e.STREET ADDRESS / Mayberry Ro	ZIP CODE	
4 FATHER'S NAME FIRST  Jonas	MIDDLE Helte	bridle	15. MOTHER'S MAIDEN NAME FIRST	ME MIDDLE	Stuller	st r
160. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (# YES, G	IVE WAR OR DATES)	-24-3592D	Mrs. Erma R.	Haifley We	stminster,	Md. 21157
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		onsequence of	recardial si	ntarction	BETWEEN	XMATE INTERVAL ONSET AND DEATH
PART 2 OTHER SIGNIFICANT  COPO  190 DATE OF OPERATION  216 ACCIDENT WAS UNDERLYING	Make to	s mell	NOT RELATED TO THE TERM  TUS  IN WAS PERFORMED  THE HOW IN JURY OCCUPY	200 AUTOPSY?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSE: YES []	INGS USED

other troumotic 1 signed b Then ple CERTIFICATION MEDICAL marked or Hem

90 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH

CIF EITHER NOTHY MEDIC AL EXAMINER

NOT WHILE

220.1 certify that (1) (this hospital) attended the deceased from

sow the deceased alive an above. (1) (we) (did not) view the body after death.

21d. INJURY OCCURRED

SIGNATURE

Burial

24. FUNERAL DIRECTOR

AT WORK

HOUR A.M.

MONTH DAY YEAR P.M 21e PLACE OF INJURY

19 AT HOME STREET PACTORY OFFICE FARM ETC )

and that

DEGREE

211. LOCATION STREET

CITY OF TOWN

COUNTY

STATE

(our) opinion death occurred on the date and have and from the causes stated

22c DATE SIGNED

ATTENDING PHYSICIAN 22e ADDRESS

STAFF PRECTOR PHYSICIAN

(SPECIFY)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE

Skiles funeral Home

ICIAN'S NAME (TYPE

136 E. Balto. St

23c. NAME OF CEMETERY OR CREMATORY

Taneytown

Apr 16,1985 Baust Church Cemetery

Tyrone Carroll Co. Maryland BY REGISTRAR BL REGISTRAR'S SIGNATUR

BP

FUNERAL DIRECTOR: retained by the hospital

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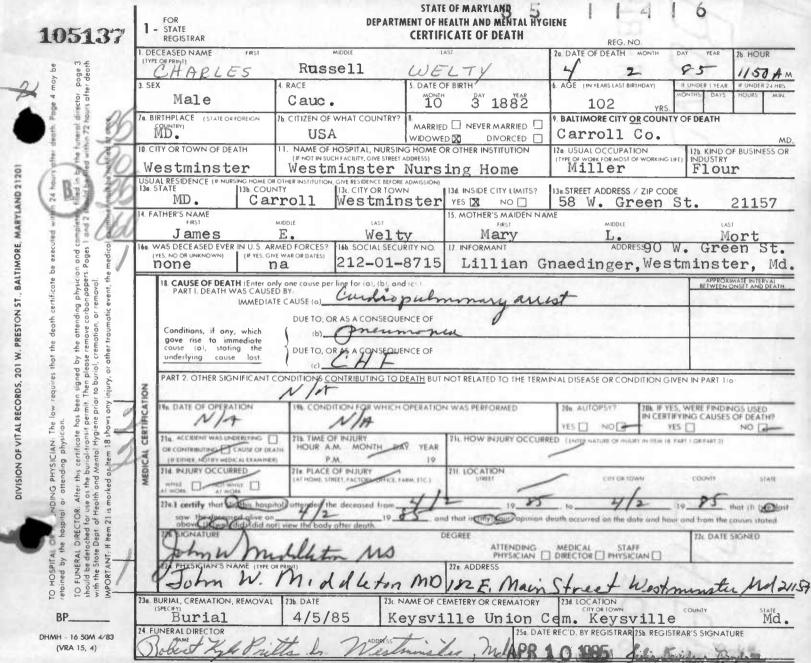
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DHMH - 16 50M 4/83 (VRA 15, 4)

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